

Check One

☐ Dentist's statement of actual services

TRICARE Dental Program
Claims Processing
P.O. Box 69411
Harrisburg, PA 17106-9411

DENTIST SECTION

5578 D 7/00

Completing the TDP Claim Form

Most of the TDP Claim form is self-explanatory; however, there are certain fields to which special attention should be paid.

- **Upper left corner** (Attending Dentist's Statement): Check the appropriate box to indicate if your claim is for predetermination (estimate of services to be performed) or for services actually received.
- **Box 2. Relationship to Sponsor.** For example, self, spouse, or child.
- **Box 7. Sponsor's Social Security Number** (SSN). The sponsor's nine-digit SSN **must** appear on every claim form.
- **Box 8. Patient's Mailing Address.** Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, country, and postal mailing code.
- **Box 10. Release of information.**
- **Box 13. Is the patient covered by another dental insurance plan.** Check 'No' if the family member has no other dental insurance. If the family member has additional dental insurance, please check 'Yes' and include the plan name, insured name and social security number, group number, and address of the other carrier.
- **Box 14. Assignment of Benefits.** Sign if the family member, parent, or guardian wants to assign payment of benefits to the dentist; if signed, United Concordia will send payment to the dentist directly.
- **Box 15. Dentist name and provider number.** The provider number represents the provider number assigned by United Concordia.
- **Box 16. Dentist address.** Include street, city, country, and postal mailing code.
- **Box 30. Examination and Treatment Plan.** Provide a detailed description of the services performed including applicable tooth numbers, dates of service, and fee charged.

General Instructions

- Submit a separate claim form for each member who receives treatment.
- All claim forms should be submitted to United Concordia as soon as possible after the service date, preferably within 60 days of the date of service. Claims postmarked more than 12 months after the date of service will be denied.
- The member must sign the appropriate sections of the claim form. If the family member is under 18 years of age, the parent or guardian must sign the form.
- The dentist must sign the appropriate sections of the claim form.